2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P9900005634 **DOCUMENT #**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R & L INVESTMENT OF MIAMI, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90121 009 ***150.00

Daytime Phone #

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	ce of Business CANAL DRIVE 44		Mailing Address 8220 GRAND CANAL DRIV MIAMI FL 33144	8220 GRAND CANAL DRIVE			200	2434			
2. Principal f	Place of Busine	988	3. Mailing Address	3. Mailing Address					i		
Suite, Apt	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			65-0898988			pplied For ot Applicable	
Zip		Country	Zip	Zip Country		5. Ce	ertificate of Status Desired		8.75 Ac	Iditional	
	6. Name a	and Address of Curre	ent Registered Agent	ed Agent			me and Address of New Regis		•		
The state of the s					Name		The difference of the free free free free free free free fr				
LOPEZ, RAIMUNDO							•				
-				Street Address			(P.O. Box Number is Not Acceptable)				
8220 GRA	ind Canal [DRIVE					,				
MIAMI FL 33144											
			*,;:		City			FL	Zip Cod	je	
1 The above	named antity	aubraita this statemen	t for the share of above in a in-		- 						
8. The above named entity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
uno obligationis oi registerati agenti.											
SIGNATURE											
		printed name of registered ag	gent and titlest applicable. (NOT	E: Registered	Agent signature red	quired when reins	stating)	DATE		—	
	II E NOMEN	TEE 10 0450 00									
FILE NOW!!!①FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							9. Election Campaign Finance	ing	\$5.0	00 May Be	
						Trust Fund Contribution.			d to Fees		
Make Check Payable to Florida Department of State											
10.	I a m	OFFICERS AT	ND GIRECTORS	11.	-	ADDI	TIONS/CHANGES TO OFFICER	RS AND D	IRECTOR	S IN 11	
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 I hereby of indicated of the corporated, 	certify that the i on this report poration of the or on an attac	information supplied working supplemental reported to the supplemental rep	vith this filing does not qualify for it is true and accurate and that n npowered to execute this report s, with all other like ephpowered.	the exemny signatures as require	ption stated ir re shall have t d by Chapter	n Section 119 the same leg 607, Florida	9.07(3)(i), Florida Statutes. I furti al effect as if made under oath; Statutes; and that my name app	ner certify that I am bears in B	that the in an officer lock 10 or	iformation or director Block 11 if	